UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND						
1 Date of Request: 7110 2 Serial/Patent # 10/52/744						
3 Please refund the following fee(s):			4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
X	Filing			-		\$ 100.00
	Amendment					\$
	Extension of Time					\$
	Notice of Appeal/Appeal					\$
Y*	Petition					\$
	Issue					\$
à.	Cert of Correction/Terminal Disc	•				\$
	Maintenance					\$
	Assignment					\$
	Other					\$
Dne			7 TOTAL AMOUNT OF REFUND			\$ 100.00
			8 TO BE REFUNDED BY:			
10 REASON:				Treasury Check		
X	Overpayment		Credit Deposit A/C #:			
	Duplicate Payment		9 05-1327			
	No Fee Due (Explanation):	<u> </u>				•
11 REFUND REQUESTED BY:			÷			
TYPED/PRINTED NAME:			TITLE:			
SIGNATURE:			PHONE:			
OFFICE: ************************************						
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE:						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

FORM PTO 1577 (01/90)